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Please follow the attached instructions to avo	oid unnecessary delays.
Section IASA PPETCANT PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name William A. Spencer  Mailing Address 452/ C Hwy. 25 8  City Hunters State Wa. Zip+4 991	Work Tel: (509) 722 - 7792
City Hunters State Wa Zip+4 991	37+ FAX: ()
Section 2. CONTACT - PERSON TO CALI	
Name	Home Tel: ()
Mailing Address	Work Tel: ()
City State Zip+4	+ FAX: ()
Relationship to applicant	
Section 3. STATEMENT OF INTENT  The applicant requests a permit to use not more than cubic feet per second) from a \( \) surface water source or \( \) of \( \)	ground water source (check only one) for the purpose(s)
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:  Unnamed  Number of diversions:    Pring   Pring   Pring   Pring	A permit is desired for well(s).
Source flows into (name of body of water):  Spencers Pond	Size & depth of well(s):
LOCATION	
Enter the north-south and east-west distances in feet from section corner: 1380 Kould to Section Secti	om the point of diversion or withdrawal to the nearest then 1980 East
1/4 of 1/4 of Section Township Range (E/W	Lot Block Subdivision
SE NW 28 31 37 E	Stevens
For Ecology Use Date Received: 6-13-2000 Priori SEPA: Exempt/Not Exempt FERC License #	ty Date:

Date Returned

ECY 040-1-14 Rev. 7/97 \*\* f

Date Accepted As Complete

APPLICATION

Appl. No.: 5380297

WRIA: 58

Sec	tion 5. GENERAL WAVIER SYSTEM INFORMATION	
A.	Name of system, if named: Spencers Pond	
В.	Briefly describe your proposed water system. (See instructions.)  Pond is 100 app. around and is app.  deep at the deep set point. 6 pipe in bottom  of pond for with drawing water Land The  would be irragated, can be done without pump	n at
C.	Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ I	NΟ
C.	PROVIDE DOCUMENTATION.	10
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION Ompleted for all domestic/public supply uses.)	
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.	• )
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system.  Note: Regional water systems are identified by you county Health Department.	NO
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections	s.
C.	Do you have a current water system plan approved by the Washington State Department of Health?   If yes, when was it approved? Please attach the current approved version of your plan.	NO
D.	Do you have an approved conservation plan?   If yes, when was it approved?   Please attach the current approved version of your plan	
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)	,
A.	Total number of acres to be irrigated: 25	
B.	List total number of acres for other specified agricultural uses:	
	Use Hayfield or Grazing Acres Use or Crops Acres	
	UseAcres	
C.	Total number of acres to be covered by this application: 25	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).	
		NO NO
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below)  Dairy - # Milking # Non-milking	March 60

Sec	ction 8. WATER STORAGE	adadha mad	mitone 9-E
Will	you be using a dam, dike, or other structure to retain or store water?	X YES	□NC
point	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or not, and some portion of the storage will be above grade, you must also apply for a reservoir permit. Twoir permit application from the Department of Ecology.		
33180530000	ction 9. DRIVING DIRECTIONS		
Prov.	ide detailed driving instructions to the project site. app. 1 mi, North of day Rd. on Hwy. 25, right hand side in orth. Red barn mail box at drive way go early app. to mile turn right before Big ballown road and you will see pond and new tive in new house.	f Ceo	lonio l'ng dri
	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
Se	ction 11. PROPERTY OWNERSHIP		
A.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):	⊠ YES	□ NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	<b>⊠</b> YES	□NO
to pr mon	tify that the information above is true and accurate to the best of my knowledge. I understan rocess my application, I grant staff from the Department of Ecology access to the site for inspitoring purposes. Even though I may have been assisted in the preparation of the above appliloyees of the Department of Ecology, all responsibility for the accuracy of the information res	ection and cation by	d the

S330297

6-7-00 Date

Date

William a. Joanen S.
Applicant (or authorized representative)

Landowner for place of use (if same as applicant, write "same")

	The Manual St. Santanana	
Ve are returning your application for the following re		
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)ncomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL
Explanation:		
Please provide the additional information requested a	bove and return your	application by
se and a second value of the second		
	Date	and the second
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Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).